

1 A bill to be entitled
2 An act relating to laboratory screening; amending s.
3 381.004, F.S.; clarifying that certain requirements
4 relating to the reporting of positive HIV test results
5 to county health departments apply only to testing
6 performed in a nonhealth care setting; amending s.
7 381.0202, F.S.; authorizing the Department of Health
8 to perform laboratory testing for other states;
9 amending s. 381.983, F.S.; redefining the term
10 "elevated blood-lead levels"; amending s. 381.984,
11 F.S.; revising provisions relating to a public
12 information initiative on lead-based paint hazards;
13 amending s. 381.985, F.S.; revising requirements for
14 the State Surgeon General's program for early
15 identification of persons at risk of having elevated
16 blood-lead levels; requiring the department to
17 maintain records showing elevated blood-lead levels;
18 requiring that health care providers report to the
19 individual who was screened the results that indicate
20 elevated blood-lead levels; amending s. 383.14, F.S.;
21 authorizing the State Public Health Laboratory to
22 release the results of a newborn's hearing and
23 metabolic tests to certain individuals; requiring the
24 department to promote the availability of services to
25 promote detection of genetic conditions; clarifying

26 | that the membership of the Genetics and Newborn
 27 | Screening Advisory Council must include one member
 28 | representing each of four medical schools in this
 29 | state; providing an effective date.

30 |

31 | Be It Enacted by the Legislature of the State of Florida:

32 |

33 | Section 1. Paragraph (a) of subsection (2) of section
 34 | 381.004, Florida Statutes, is amended to read:

35 | 381.004 HIV testing.—

36 | (2) HUMAN IMMUNODEFICIENCY VIRUS TESTING; INFORMED
 37 | CONSENT; RESULTS; COUNSELING; CONFIDENTIALITY.—

38 | (a) Before performing an HIV test:

39 | 1. In a health care setting, the person to be tested shall
 40 | be notified orally or in writing that the test is planned and
 41 | that he or she has the right to decline the test. If the person
 42 | to be tested declines the test, such decision shall be
 43 | documented in the medical record. A person who has signed a
 44 | general consent form for medical care is not required to sign or
 45 | otherwise provide a separate consent for an HIV test during the
 46 | period in which the general consent form is in effect.

47 | 2. In a nonhealth care setting, a provider shall obtain
 48 | the informed consent of the person upon whom the test is to be
 49 | performed. Informed consent shall be preceded by an explanation
 50 | of the right to confidential treatment of information

51 identifying the subject of the test and the results of the test
52 as provided by law. The provider shall also inform the test
53 subject that a positive HIV test result will be reported to the
54 county health department with sufficient information to identify
55 the test subject and provide him or her with information on the
56 availability and location of sites where anonymous testing is
57 performed. As required in paragraph (3) (c), each county health
58 department shall maintain a list of sites where anonymous
59 testing is performed which includes site locations, telephone
60 numbers, and hours of operation.

61
62 ~~The test subject shall also be informed that a positive HIV test~~
63 ~~result will be reported to the county health department with~~
64 ~~sufficient information to identify the test subject and of the~~
65 ~~availability and location of sites at which anonymous testing is~~
66 ~~performed. As required in paragraph (3) (c), each county health~~
67 ~~department shall maintain a list of sites at which anonymous~~
68 ~~testing is performed, including the locations, telephone~~
69 ~~numbers, and hours of operation of the sites.~~

70 Section 2. Section 381.0202, Florida Statutes, is amended
71 to read:

72 381.0202 Laboratory services.—

73 (1) The department shall establish and maintain, in
74 suitable and convenient places in the state, laboratories for
75 microbiological and chemical analyses and any other purposes it

76 | determines necessary for the protection of the public health.

77 | (2) The department may contract or agree with any person
78 | or public or private agency to provide laboratory services
79 | relating to or having potential impact on the public health or
80 | relating to the health of clients directly under the care of the
81 | state.

82 | (3) The department is authorized to establish and collect
83 | reasonable fees and charges for laboratory services provided.
84 | Such fees and charges shall be deposited in a trust fund
85 | administered by the department and shall be used solely for this
86 | purpose.

87 | (4) The department may perform laboratory testing related
88 | to public health for other states on a fee-for-service basis.

89 | Section 3. Subsection (3) of section 381.983, Florida
90 | Statutes, is amended to read:

91 | 381.983 Definitions.—As used in this act, the term:

92 | (3) "Elevated blood-lead level" means a quantity of lead
93 | in the whole venous blood, measured from a venous or capillary
94 | draw expressed in micrograms per deciliter (ug/dL), which
95 | exceeds the cutpoint specified in department rule. The
96 | determination of elevated blood-lead level must be based on
97 | national recommendations developed by the Council of State and
98 | Territorial Epidemiologists and the Centers for Disease Control
99 | and Prevention. 10 ug/dL or such other level as specifically
100 | provided in this act.

101 Section 4. Subsections (2) and (3) of section 381.984,
 102 Florida Statutes, are amended to read:

103 381.984 Educational programs.—

104 (2) PUBLIC INFORMATION INITIATIVE.—The Governor, in
 105 conjunction with the State Surgeon General and his or her
 106 designee, shall sponsor a series of public service announcements
 107 on radio, on television, on the Internet, or in ~~and~~ print media
 108 about the nature of lead-based-paint hazards, the importance of
 109 standards for lead poisoning prevention in properties, and the
 110 purposes and responsibilities set forth in this act. In
 111 developing and coordinating this public information initiative,
 112 the sponsors shall seek the participation and involvement of
 113 private industry organizations, including those involved in real
 114 estate, insurance, mortgage banking, or ~~and~~ pediatrics.

115 (3) DISTRIBUTION OF INFORMATION ~~LITERATURE~~ ABOUT CHILDHOOD
 116 LEAD POISONING. ~~By January 1, 2007,~~ The State Surgeon General or
 117 his or her designee shall develop culturally and linguistically
 118 appropriate information and distribution methods ~~pamphlets~~
 119 regarding childhood lead poisoning, the importance of testing
 120 for elevated blood-lead levels, prevention of childhood lead
 121 poisoning, treatment of childhood lead poisoning, and, as where
 122 appropriate, the requirements of this act. This ~~These~~
 123 information ~~pamphlets~~ shall be distributed to parents or ~~the~~
 124 ~~other~~ legal guardians of children 6 years of age or younger on
 125 the following occasions:

126 (a) By a health care provider at the time of a child's
 127 birth and at the time of any childhood immunization or
 128 vaccination unless it is established that such information
 129 ~~pamphlet~~ has been provided ~~previously~~ to the parent or legal
 130 guardian by the health care provider within the prior 12 months.

131 (b) By the owner or operator of any child care facility or
 132 preschool or kindergarten class on or before each October 15 ~~of~~
 133 ~~the calendar year~~.

134 Section 5. Section 381.985, Florida Statutes, is amended
 135 to read:

136 381.985 Screening program.—

137 (1) The State Surgeon General shall establish guidelines ~~a~~
 138 ~~program~~ for early identification of persons at risk of having
 139 elevated blood-lead levels and for the systematic screening of ~~—~~
 140 ~~Such program shall systematically screen~~ children under 6 years
 141 of age in the target populations identified in subsection (2)
 142 for the presence of elevated blood-lead levels. Children within
 143 the specified target populations shall be screened with a blood-
 144 lead test at age 12 months and age 24 months, or between the
 145 ages of 36 months and 72 months if they have not previously been
 146 screened. The State Surgeon General shall, after consultation
 147 with recognized professional medical groups and such other
 148 sources as the State Surgeon General deems appropriate, adopt
 149 rules to follow established national guidelines or
 150 recommendations such as those issued by the Council of State and

151 Territorial Epidemiologists and the Centers for Disease Control
152 and Prevention related to reporting elevated blood-lead levels
153 and screening results to the department pursuant to this
154 section. promulgate rules establishing:

155 ~~(a) The means by which and the intervals at which such~~
156 ~~children under 6 years of age shall be screened for lead~~
157 ~~poisoning and elevated blood-lead levels.~~

158 ~~(b) Guidelines for the medical followup on children found~~
159 ~~to have elevated blood-lead levels.~~

160 (2) In developing screening programs to identify persons
161 at risk with elevated blood-lead levels, priority shall be given
162 to persons within the following categories:

163 (a) All children enrolled in the Medicaid program at ages
164 12 months and 24 months, or between the ages of 36 months and 72
165 months if they have not previously been screened.

166 (b) Children under the age of 6 years exhibiting delayed
167 cognitive development or other symptoms of childhood lead
168 poisoning.

169 (c) Persons at risk residing in the same household, or
170 recently residing in the same household, as another person at
171 risk with an elevated a blood-lead level ~~of 10 ug/dL or greater.~~

172 (d) Persons at risk residing, or who have recently
173 resided, in buildings or geographical areas in which significant
174 numbers of cases of lead poisoning or elevated blood-lead levels
175 have recently been reported.

176 (e) Persons at risk residing, or who have recently
 177 resided, in an affected property contained in a building that
 178 during the preceding 3 years has been subject to enforcement for
 179 violations of lead-poisoning-prevention statutes, ordinances,
 180 rules, or regulations ~~as specified by the State Surgeon General.~~

181 (f) Persons at risk residing, or who have recently
 182 resided, in a room or group of rooms contained in a building
 183 whose owner also owns a building containing affected properties
 184 which, during the preceding 3 years, has been subject to an
 185 enforcement action for a violation of lead-poisoning-prevention
 186 statutes, ordinances, rules, or regulations.

187 (g) Persons at risk residing in other buildings or
 188 geographical areas in which the State Surgeon General reasonably
 189 determines there is to be a significant risk of affected
 190 individuals having an elevated blood-lead level. ~~a blood-lead~~
 191 ~~level of 10 ug/dL or greater.~~

192 (3) The department ~~State Surgeon General~~ shall maintain
 193 comprehensive records of all screenings indicating an elevated
 194 blood-lead level. ~~conducted pursuant to this section. Such~~
 195 ~~records shall be indexed geographically and by owner in order to~~
 196 ~~determine the location of areas of relatively high incidence of~~
 197 ~~lead poisoning and other elevated blood-lead levels.~~

198
 199 ~~All cases or probable cases of lead poisoning found in the~~
 200 ~~course of screenings conducted pursuant to this section shall be~~

201 ~~reported to the affected individual, to his or her parent or~~
202 ~~legal guardian if he or she is a minor, and to the State Surgeon~~
203 ~~General.~~

204 (4) The results of screenings conducted pursuant to this
205 section shall be reported by the health care provider who
206 conducted or ordered the screening to the individual who was
207 screened, or to the individual's parent or legal guardian if he
208 or she is a minor.

209 Section 6. Paragraph (c) of subsection (1), paragraph (f)
210 of subsection (3), and subsection (5) of section 383.14, Florida
211 Statutes, are amended to read:

212 383.14 Screening for metabolic disorders, other hereditary
213 and congenital disorders, and environmental risk factors.—

214 (1) SCREENING REQUIREMENTS.—To help ensure access to the
215 maternal and child health care system, the Department of Health
216 shall promote the screening of all newborns born in Florida for
217 metabolic, hereditary, and congenital disorders known to result
218 in significant impairment of health or intellect, as screening
219 programs accepted by current medical practice become available
220 and practical in the judgment of the department. The department
221 shall also promote the identification and screening of all
222 newborns in this state and their families for environmental risk
223 factors such as low income, poor education, maternal and family
224 stress, emotional instability, substance abuse, and other high-
225 risk conditions associated with increased risk of infant

226 mortality and morbidity to provide early intervention,
227 remediation, and prevention services, including, but not limited
228 to, parent support and training programs, home visitation, and
229 case management. Identification, perinatal screening, and
230 intervention efforts shall begin prior to and immediately
231 following the birth of the child by the attending health care
232 provider. Such efforts shall be conducted in hospitals,
233 perinatal centers, county health departments, school health
234 programs that provide prenatal care, and birthing centers, and
235 reported to the Office of Vital Statistics.

236 (c) *Release of screening results.*—Notwithstanding any law
237 to the contrary, the State Public Health Laboratory may release,
238 directly or through the Children's Medical Services program, the
239 results of a newborn's hearing and metabolic tests or screenings
240 to the newborn's health care practitioner, the newborn's parent
241 or legal guardian, the newborn's personal representative, or a
242 person designated by the newborn's parent or legal guardian. As
243 used in this paragraph, the term "health care practitioner"
244 means a physician or physician assistant licensed under chapter
245 458; an osteopathic physician or physician assistant licensed
246 under chapter 459; an advanced registered nurse practitioner,
247 registered nurse, or licensed practical nurse licensed under
248 part I of chapter 464; a midwife licensed under chapter 467; a
249 speech-language pathologist or audiologist licensed under part I
250 of chapter 468; or a dietician or nutritionist licensed under

251 part X of chapter 468.

252 (3) DEPARTMENT OF HEALTH; POWERS AND DUTIES.—The
253 department shall administer and provide certain services to
254 implement the provisions of this section and shall:

255 (f) Promote the availability of genetic studies, services,
256 and counseling in order that the parents, siblings, and affected
257 newborns may benefit from detection and available knowledge of
258 the condition.

259

260 All provisions of this subsection must be coordinated with the
261 provisions and plans established under this chapter, chapter
262 411, and Pub. L. No. 99-457.

263 (5) ADVISORY COUNCIL.—There is established a Genetics and
264 Newborn Screening Advisory Council made up of 15 members
265 appointed by the State Surgeon General. The council shall be
266 composed of two consumer members, three practicing
267 pediatricians, at least one of whom must be a pediatric
268 hematologist, a ~~one~~ representative from each of ~~the~~ four medical
269 schools in this ~~the~~ state, the State Surgeon General or his or
270 her designee, one representative from the Department of Health
271 representing Children's Medical Services, one representative
272 from the Florida Hospital Association, one individual with
273 experience in newborn screening programs, one individual
274 representing audiologists, and one representative from the
275 Agency for Persons with Disabilities. All appointments shall be

276 for a term of 4 years. The chairperson of the council shall be
277 elected from the membership of the council and shall serve for a
278 period of 2 years. The council shall meet at least semiannually
279 or upon the call of the chairperson. The council may establish
280 ad hoc or temporary technical advisory groups to assist the
281 council with specific topics which come before the council.
282 Council members shall serve without pay. Pursuant to the
283 provisions of s. 112.061, the council members are entitled to be
284 reimbursed for per diem and travel expenses. It is the purpose
285 of the council to advise the department about:

286 (a) Conditions for which testing should be included under
287 the screening program and the genetics program.

288 (b) Procedures for collection and transmission of
289 specimens and recording of results.

290 (c) Methods whereby screening programs and genetics
291 services for children now provided or proposed to be offered in
292 the state may be more effectively evaluated, coordinated, and
293 consolidated.

294 Section 7. This act shall take effect July 1, 2017.

295